

## = P-210 Recipient Restriction Program

= Revised: August 2014

Complete information regarding the Recipient Restriction Program is available in [Chapter 100, Handbook for Providers of Medical Services](#). This section refers to pharmacy-specific information regarding the Recipient Restriction Program (RRP).

The Department identifies participants who misuse medical services. When the Department determines that a participant has received pharmacy services and/or medical services in excess of need or in such a manner as to constitute an abuse and/or quality of care issue of the program, the Department restricts the participant to a Primary Care Pharmacy and/or a Primary Care Physician.

When a participant is restricted, the recipient is initially assigned a Primary Care Physician and/or a Primary Care Pharmacy. The participant will be notified in writing of the assignment and given the opportunity to select a different Primary Care Pharmacy and/or a different Primary Care Physician. The participant can contact the RRP staff and select a different Primary Care Physician and/or Primary Care Pharmacy. The option to select a different Primary Care provider is offered once during a twelve-month calendar year period.

If the participant is restricted to a Primary Care Physician and the prescribing physician refers the client to another physician/specialist who prescribes medications to the participant, then the referring physician (physician to whom the participant is restricted) must complete the HFS 1662 part A and fax to the physician/specialist who complete part B of the form. The completed HFS1662 is then given to the dispensing pharmacy which is required to retain the HFS1662 form (paper or electronic copy), for auditing purposes, for a period of 7 years.

The pharmacy can then bill electronically NCPDP D.O standard as follows-

The referred physician/specialist should be identified on the claim as the prescribing physician in the Prescriber ID field (411-DB) and the referring physician (physician to whom the participant is restricted) should be identified on the claim as the primary care physician in the Primary Care Provider ID field (421-DL).

If the client is restricted to a clinic, the prescribing physician should be identified in the Prescriber ID field (411-DB) and the clinic (clinic to which the participant is restricted) should be identified on the claim as the primary care physician in the Primary Care Provider ID field (421-DL).

If a problem occurs with the submission of the claim, the pharmacy should contact a Department Pharmacy Billing Advisor at 877-782-5565, option 7 for assistance.

Providers who have questions about a participant's RRP status or whether a given service to a restricted participant requires authorization should check the Medi system. If additional information is needed they may call the Department's toll-free RRP hotline at 1-800-325-8823.

The Department will not pay for restricted services that are provided on a non-emergency basis without prior written authorization of the designated Primary Care Physician. This authorization will be in the form of a completed Form HFS 1662.